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| | | | | | | | uptcy Califo | Court rnia | | | | 1 | oluntary Petition |
|---|--|---|---|---|-----------------------|--|-----------------------------|--|---|--|--|-------------------------------------|---|
| Name of Debtor (if individual, enter Last, First, Middle): Martindale, Jennifer S | | | | | Name of | Name of Joint Debtor (Spouse) (Last, First, Middle): | | | | | | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): fka Jennifer S. Kolko Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 6823 | | | | | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): | | | | | | | |
| | | | | | | | | | | | | | |
| 6203 V | ddress of D Noodbur | | Street, City, S | State & 2 | Zip Code |): | 1000 | Street Address of Joint Debtor (No. & Street, City, State & Zip Code): | | | | | |
| wayan | ia, CA | | | 2 | ZIPCODI | 959 | 54 | | ZIPCODE | | | | |
| County o | of Residenc | e or of the Pr | incipal Place of | of Busin | ess: | | | County of | Residenc | e or of | the Principal Pl | ace of E | Business: |
| Mailing | Address of | Debtor (if di | fferent from st | treet add | ress) | | | Mailing A | ddress of | Joint D | ebtor (if differe | nt from | street address): |
| | cn: · | | | | ZIPCODI | | | | | | | | ZIPCODE |
| Location | of Principa | al Assets of B | Business Debto | or (if diff | ferent fro | m stree | et address | above): | | | | | |
| | т | ype of Debto | | | | | Nature | f Business | 1 | | Charter CD | | ZIPCODE |
| | (For | n of Organiza | ation) | | | | | ne box.) | | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) | | | |
| (Check one box.) ✓ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.) | | | | Health Care Business Single Asset Real Estate U.S.C. § 101(51B) Railroad Stockbroker Commodity Broker Clearing Bank Other Tax-Exempt 1 (Check box, if ap Debtor is a tax-exempt o Title 26 of the United Sta | | | | Chapter 11 Chapter 12 Chapter 13 | | | Chapter 15 Petition for Recognition of a Foreign Main Proceeding Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding | | |
| | | | | | | | | if applicable.) apt organization d States Code (| pplicable.) \$ 101(8) as "incurred by an individual primarily for a | | | Debts are primarily business debts. | |
| | | • • | Check one box |) | | | Check or | a have | | Cha | pter 11 Debtor | ·s | |
| Filing only). | Must attacl deration cert | oaid in installr h signed appli tifying that th | ments (Application for the debtor is una 206(b). See Of | court's able to p | ay fee | s | Debto Debto Check if: Debto | r is a small bus r is not a small r's aggregate no | business d oncontinge ount subject | lebtor as ent liqui ct to adj | justment on 4/0 | U.S.C. ed to no 1/13 an | 1(51D). § 101(51D). n-insiders or affiliates are less d every three years thereafter). |
| only). | Must attacl | | Applicable to concept ication for the rm 3B. | | individu | 1 | ☐ A plan | l applicable bons is being filed was tances of the plance with 11 U | xes: with this p an were so | etition olicited | | | more classes of creditors, in |
| ☐ Debt ✓ Debt distri | tor estimates tor estimates ibution to u | s that, after an | vill be availabl ny exempt pro | e for dis | tribution excluded | to uns | ecured cre Iministrat | editors. ive expenses pa | id, there v | will be r | no funds availab | le for | THIS SPACE IS FOR COURT USE ONLY |
| | | | | | | 0010 0000 | | | | | | | |
| | | \$100,001 to \$500,000 | 5500,001 to \$1 million | \$1,000 \$10 m | | | 0,001 | \$50,000,001 to \$100 million | \$100,00 to \$500 | | \$500,000,001 to \$1 billion | ☐ More \$1 bi | 2010-30364 FILED April 22, 201 |
| √ §0 to | 1 Liabilities 50,001 to \$100,000 | \$100,001 to \$500,000 | 5500,001 to \$1 million | \$1,000 \$10 mi | ,001 to | □ \$10,00 | 0,001 | \$50,000,001 to \$100 million | □ \$100,00 | 0,001 | \$500,000,001 to \$1 billion | | 8:19 AM RELIEF ORDERE CLERK, U.S. BANKRUPTCY (EASTERN DISTRICT OF CALL) |

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| Voluntary Petition (This page must be completed and filed in every case) | Name of Debtor(s): Martindale, Jennifer S | | | | | | |
| Prior Bankruptcy Case Filed Within Last 8 | Years (If more than two, attach | additional sheet) | | | | | |
| Location Where Filed: None | Case Number: | Date Filed: | | | | | |
| Location Where Filed: | Case Number: | Date Filed: | | | | | |
| Pending Bankruptcy Case Filed by any Spouse, Partner or | Affiliate of this Debtor (If mor | re than one, attach additional sheet) | | | | | |
| Name of Debtor: None | Case Number: | Date Filed: | | | | | |
| District: | Relationship: | Judge: | | | | | |
| Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) Exhibit A is attached and made a part of this petition. | whose debts are primarily consumer debts.) | | | | | | |
| | Signature of Attorney for Debtor(s) | 4/21/10 Date | | | | | |
| ■ No Exhi (To be completed by every individual debtor. If a joint petition is filed, ea ■ Exhibit D completed and signed by the debtor is attached and ma | ach spouse must complete and attach | ch a separate Exhibit D.) | | | | | |
| If this is a joint petition: Exhibit D also completed and signed by the joint debtor is attached. | ed a made a part of this petition. | | | | | | |
| | ng the Debtor - Venue | | | | | | |
| (Check any approach of this petition or for a longer part of such 180 | oplicable box.) of business, or principal assets in the davs than in any other District. | is District for 180 days immediately | | | | | |
| There is a bankruptcy case concerning debtor's affiliate, general p | - | his District. | | | | | |
| Debtor is a debtor in a foreign proceeding and has its principal pl or has no principal place of business or assets in the United States I in this District, or the interests of the parties will be served in reg | out is a defendant in an action or pro | oceeding [in a federal or state court] | | | | | |
| Certification by a Debtor Who Reside | | Property | | | | | |
| Landlord has a judgment against the debtor for possession of deb | | omplete the following.) | | | | | |
| (Name of landlord or lesso | or that obtained judgment) | • | | | | | |
| (Address of lan | dlord or lessor) | | | | | | |
| Debtor claims that under applicable nonbankruptcy law, there are the entire monetary default that gave rise to the judgment for post | Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and | | | | | | |
| Debtor has included in this petition the deposit with the court of filing of the petition. | Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. | | | | | | |
| ☐ Debtor certifies that he/she has served the Landlord with this cert | Debtor certifies that he/she has served the Landlord with this cerafication. (11 U.S.C. § 362(1)). | | | | | | |

| Voluntary Petition | Name of Debtor(s): Martindale, Jennifer S |
|--|---|
| (This page must be completed and filed in every case) | |
| Signa | atures |
| Signature(s) of Debtor(s) (Individual/Joint) | Signature of a Foreign Representative |
| I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Signature of Joint Debtor [530] 413-9243 Telephone Number (If not represented by attorney) April 21, 2010 Date | I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X Signature of Foreign Representative Printed Name of Foreign Representative |
| Signature of Attorney* | Signature of Non-Attorney Petition Preparer |
| Signature of Aroney for Debur(s) Douglas B. Jacobs 084153 Douglas B. Jacobs Jacobs, Anderson, Potter and Chaplin 20 Independence Circle Chico, CA 95973 (530) 342-6144 Fax: (530) 342-6310 djacobs@jacobsanderson.com | I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. Printed Name and title. if any. of Bankruptcy Petition Preparer Social Security Number (If the bankruptcy petition preparer is not an individual, state the |
| April 21, 2010 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. | Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) Address |
| Signature of Debtor (Corporation/Partnership) | X |
| I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. | Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. |
| pention on behalf of the debtor. | Date |

The debtor requests relief in accordance with the chapter of title 11,

United States Code, specified in this petition.

Signature of Authorized Individual

Title of Authorized Individual

Date

Printed Name of Authorized Individual

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

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United States Bankruptcy Court Eastern District of California

| IN RE: | Case No. |
|---|---|
| Martindale, Jennifer S | Chapter 7 |
| Debtor(s) EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF CREDIT COUNSELING REQUIREMENT | |
| Warning: You must be able to check truthfully one of the five statements regarding credo so, you are not eligible to file a bankruptcy case, and the court can dismiss any case whatever filing fee you paid, and your creditors will be able to resume collection activi and you file another bankruptcy case later, you may be required to pay a second filing to stop creditors' collection activities. | you do file. If that happens, you will lose ties against you. If your case is dismissed |
| Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must coone of the five statements below and attach any documents as directed. | omplete and file a separate Exhibit D. Check |
| 1. Within the 180 days before the filing of my bankruptcy case , I received a briefing fr the United States trustee or bankruptcy administrator that outlined the opportunities for avaperforming a related budget analysis, and I have a certificate from the agency describing the scertificate and a copy of any debt repayment plan developed through the agency. | ailable credit counseling and assisted me in |
| 2. Within the 180 days before the filing of my bankruptcy case , I received a briefing from the United States trustee or bankruptcy administrator that outlined the opportunities for avant performing a related budget analysis, but I do not have a certificate from the agency describing a copy of a certificate from the agency describing the services provided to you and a copy of the agency no later than 14 days after your bankruptcy case is filed. | pilable credit counseling and assisted me in ag the services provided to me. You must file |
| 3. I certify that I requested credit counseling services from an approved agency but was undays from the time I made my request, and the following exigent circumstances merit a requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] | temporary waiver of the credit counseling |
| | |
| If your certification is satisfactory to the court, you must still obtain the credit counsel you file your bankruptcy petition and promptly file a certificate from the agency that pro of any debt management plan developed through the agency. Failure to fulfill these requase. Any extension of the 30-day deadline can be granted only for cause and is limited also be dismissed if the court is not satisfied with your reasons for filing your bankru counseling briefing. | vided the counseling, together with a copy uirements may result in dismissal of your to a maximum of 15 days. Your case may |
| □ 4. I am not required to receive a credit counseling briefing because of: [Check the applicate motion for determination by the court.] □ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness of realizing and making rational decisions with respect to financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent participate in a credit counseling briefing in person, by telephone, or through the Inte □ Active military duty in a military combat zone. | s or mental deficiency so as to be incapable of being unable, after reasonable effort, to |
| 5. The United States trustee or bankruptcy administrator has determined that the credit co does not apply in this district. | unseling requirement of 11 U.S.C. § 109(h) |
| I certify under penalty of perjury that the information provided above is true and corr | rect. |
| Signature of Debtor: | |
| Date: April 21, 2010 | |

Certificate Number: 01356-CAE-CC-010171445

CERTIFICATE OF COUNSELING

| I CERTIFY that on March 8, 2010 | , at | 4:43 | o'clock PM EST , | | | | | |
|--|---------------|-----------------|---------------------------------|--|--|--|--|--|
| Jennifer Martindale | received from | | | | | | | |
| Hummingbird Credit Counseling and Education, Inc. | | | | | | | | |
| an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the | | | | | | | | |
| Eastern District of California | , ar | n individual [o | r group] briefing that complied | | | | | |
| with the provisions of 11 U.S.C. §§ 109(h) and 111. | | | | | | | | |
| A debt repayment plan was not prepared | If a d | ebt repayment | plan was prepared, a copy of | | | | | |
| the debt repayment plan is attached to this | certificat | e. | | | | | | |
| This counseling session was conducted by | internet a | nd telephone | · | | | | | |
| | • | | | | | | | |
| Date: March 8, 2010 | Ву | /s/Nelson Ama | dor | | | | | |
| | Name | Nelson Amado | or | | | | | |
| | Title | Certified Coun | selor | | | | | |

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

| B22A (Official Form 22A) (Chapter 7) (04/10) | According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement): |
|--|--|
| In re: Martindale, Jennifer S Debtor(s) | ☐ The presumption arises ☐ The presumption does not arise ☐ The presumption is temporarily inapplicable. |
| Case Number:(If known) | |

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

| 1 1 10 | Part I. MILITARY AND NON-CONSUMER DEBTORS |
|--|--|
| 1 A | Disabled Veterans. If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. |
| 100 | ☐ Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)). |
| 1B | Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. |
| | Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts. |
| | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |
| 1C | ☐ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard |
| of the state of th | a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed; |
| | OR |
| | b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. |

| | | Part II. CALCULATION | OF MONTH | LY INCC | ME FOR § 707(b)(7) I | EXCI | LUSION | | | |
|---|---|---|--|-------------|-------------------------------|--------------------------|----------|----|--|--|
| | Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. | | | | | | | | | |
| | b. V | Married, not filing jointly, with dec penalty of perjury: "My spouse and are living apart other than for the p Complete only Column A ("Debt | iptcy l | law or my s | pouse and I | | | | | |
| 2 | c. 🗌 | Married, not filing jointly, without Column A ("Debtor's Income") a | 1. | | - | | | | | |
| | d. [| d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. | | | | | | | | |
| | the s mon | igures must reflect average monthly ix calendar months prior to filing the the before the filing. If the amount of divide the six-month total by six, ar | on the last day of the aring the six months, you | D | olumn A Debtor's Income | Column B Spouse's Income | | | | |
| 3 | Gros | ss wages, salary, tips, bonuses, ove | rtime, commi | ssions. | | \$ | 5,656.28 | \$ | | |
| 4 | Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. | | | | | | | | | |
| | a. | Gross receipts | | \$ | | | | | | |
| | b. | Ordinary and necessary business e | xpenses | \$ | | | | | | |
| | c. | Business income | | Subtract I | Line b from Line a | \$ | | \$ | | |
| | diffe not i | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. | | | | | | | | |
| 5 | a. | Gross receipts | | | | | | | | |
| | b. | Ordinary and necessary operating | expenses | \$ | | | | | | |
| | c. | c. Rent and other real property income Subtract Line b from Line a | | | | | | \$ | | |
| 6 | Inter | est, dividends, and royalties. | | | | \$ | | \$ | | |
| 7 | Pens | ion and retirement income. | | | | \$ | | \$ | | |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. | | | | | | | \$ | | |
| 9 | How was a | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: | | | | | | | | |
| | clai | employment compensation med to be a benefit under the sial Security Act | Debtor \$ | | Spouse \$ | \$ | · | \$ | | |

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| 10 EZ-Filing, Inc. [1-4 |
| 010 EZ-Filing, Inc. [1-4 |
| 2010 EZ-Filing, Inc. [1-4 |
| -2010 EZ-Filing, Inc. [1-4 |
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| B22A (| Offici | al Form 22A) (Chapter 7) (04/10) | | | | | | |
|--------|---|--|----------------------------------|--------------------|------|-----------|--|--|
| 10 | soure paid alim Secu | me from all other sources. Specify source and amount. If necessary, list addees on a separate page. Do not include alimony or separate maintenance page by your spouse if Column B is completed, but include all other payment only or separate maintenance. Do not include any benefits received under the arrival of the payments received as a victim of a war crime, crime against hum of international or domestic terrorism. | payments its of the Social | | | | | |
| | a. | \$ | | | | | | |
| | b. | \$ | | | | | | |
| | To | tal and enter on Line 10 | | \$ | \$ | | | |
| 11 | | total of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in 6 if Column B is completed, add Lines 3 through 10 in Column B. Enter the to | | \$ 5,656.28 | \$ | | | |
| 12 | Line | al Current Monthly Income for § 707(b)(7). If Column B has been comple 11, Column A to Line 11, Column B, and enter the total. If Column B has no pleted, enter the amount from Line 11, Column A. | | \$ | | 5,656.28 | | |
| | | Part III. APPLICATION OF § 707(B)(7) EXC | LUSION | | | | | |
| 13 | | ualized Current Monthly Income for § 707(b)(7). Multiply the amount frond enter the result. | om Line 12 b | • | \$ | 67,875.36 | | |
| 14 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | | | |
| | a. Er | nter debtor's state of residence: California b. Enter deb | otor's househ | old size: 3 | \$ | 70,638.00 | | |
| | | The amount on Line 13 is more than the amount on Line 14. Complete the Complete Parts IV, V, VI, and VII of this statement only if | ne remaining | parts of this stat | emer | | | |
| | | Part IV. CALCULATION OF CURRENT MONTHLY INC | OME FOR | R § 707(b)(2) | | | | |
| 16 | Ente | er the amount from Line 12. | | | \$ | | | |
| 17 | Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. | | | | | | | |
| | a. | | \$ | | | | | |
| | b. | | \$ | | | | | |
| | c. | | \$ | | | | | |
| | Total and enter on Line 17. | | | | | | | |
| 18 | Curi | rent monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and en | nter the resul | lt. | \$ | | | |
| | | Part V. CALCULATION OF DEDUCTIONS FRO | M INCOM | 1E | | | | |
| | | Subpart A: Deductions under Standards of the Internal Rev | enue Servic | e (IRS) | | | | |
| 19A | Natio | onal Standards: food, clothing and other items. Enter in Line 19A the "Tonal Standards for Food, Clothing and Other Items for the applicable househ | | | | | | |
| | is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | | | |

| B22A (| Offici: | al Form 22A) (Chapter 7) (04/10) | | | | | | |
|--------|---|--|-----------------|----------|----------------|------------------|---------------|-----|
| 19B | National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. | | | | | | , | |
| | Ho | usehold members under 65 years | of age | Hou | sehold memb | ers 65 years of | age or older | |
| | al. | Allowance per member | | a2. | Allowance p | per member | | |
| | b1. | Number of members | | b2. | Number of 1 | nembers | | |
| | c1. | Subtotal | | c2. | Subtotal | | | \$ |
| 20A | and U | l Standards: housing and utilities Jtilities Standards; non-mortgage exmation is available at www.usdoj.g | kpenses for the | e appli | cable county a | and household si | | \$ |
| | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. | | | | | | | |
| 20B | a. | IRS Housing and Utilities Standar | ds; mortgage/ | rental | expense | \$ | | |
| | b. | b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 \$ | | | | | | |
| | c. | Net mortgage/rental expense | | | | Subtract Line | b from Line a | \$ |
| 21 | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: | | | | | | | · · |
| 1. 1. | T 00- | 1 Standardar transportation | lala anaatt | /m 1- 1* | | | | \$ |
| | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. | | | | | | | |
| 22A | Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. | | | | | | | |
| | If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | \$ | | |
| 22B | Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at | | | | | | | |
| | www | .usdoj.gov/ust/ or from the clerk of | the bankrupto | y cour | t.) | | | \$ |

Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.

33

| | | | Additional Living Expense Deductions ny expenses that you have listed in Lines 19-32 | | | |
|----|---|---|--|----|--|--|
| | expe | | d Health Savings Account Expenses. List the monthly below that are reasonably necessary for yourself, your | | | |
| | a. | Health Insurance | \$ | | | |
| 24 | b. | Disability Insurance | \$ | | | |
| 34 | c. | Health Savings Account | \$ | | | |
| | Tota | l and enter on Line 34 | | \$ | | |
| | | ou do not actually expend this total amo pace below: | ount, state your actual total average monthly expenditures in | | | |
| 35 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. | | | | | |
| 36 | Prot you a Serv confi | \$ | | | | |
| 37 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | | | | | |
| 38 | you a secon | actually incur, not to exceed \$147.92* pendary school by your dependent children | less than 18. Enter the total average monthly expenses that r child, for attendance at a private or public elementary or less than 18 years of age. You must provide your case expenses, and you must explain why the amount claimed y accounted for in the IRS Standards. | \$ | | |
| 39 | Add cloth Natio | \$ | | | | |
| 40 | | | he amount that you will continue to contribute in the form of ganization as defined in 26 U.S.C. § 170(c)(1)-(2). | \$ | | |
| 41 | Tota | ll Additional Expense Deductions unde | r § 707(b). Enter the total of Lines 34 through 40 | \$ | | |

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| | | | : Deductions for De | | | |
|--------------------|--|---|---|---|--|----|
| you Payr the to | own, list the name of the cred nent, and check whether the potal of all amounts scheduled wing the filing of the bankrup. Enter the total of the Average | litor, identify payment incluas contractua otcy case, div | the property securing des taxes or insurance illy due to each Secur ided by 60. If necessa | the debt, state the A e. The Average Mor red Creditor in the 60 | verage Monthly athly Payment is months | |
| | Name of Creditor | Property | Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? | |
| a. | | | | \$ | ☐ yes ☐ no | - |
| b. | | | | \$ | ☐ yes ☐ no | |
| c. | | | | \$ | ☐ yes ☐ no | |
| | | | Total: Ad | ld lines a, b and c. | | \$ |
| fored | itor in addition to the paymen amount would include any su closure. List and total any suc rate page. | ıms in default | that must be paid in | order to avoid repos | session or itional entries on a | |
| | Name of Creditor | | Property Securing t | the Debt | 1/60th of the Cure Amount | |
| a. | | | | | \$ | |
| b. | | | | | \$ | |
| c. | | | | | \$ | |
| | | | | Total: Ad | d lines a, b and c. | \$ |
| such | ments on prepetition priorit as priority tax, child support cruptcy filing. Do not include | and alimony | claims, for which you | u were liable at the t | ime of your | \$ |
| follo | pter 13 administrative experience of the property of the amount of the property of the propert | | | | | |
| a. | Projected average monthly | chapter 13 pl | an payment. \$ | | | |
| b. | Current multiplier for your district as determined un schedules issued by the Executive Office for United Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankrug court.) | | e for United States | X | | |
| c. | Average monthly administr | rative expense | of chapter 13 | Total: Multiply Lir | nes a | \$ |
| Tota | al Deductions for Debt Payn | nent. Enter th | e total of Lines 42 th | rough 45. | | \$ |
| | | Subpart D | : Total Deductions | from Income | | |
| Tota | al of all deductions allowed | under 8 707(| h)(2). Enter the total | of Lines 33 41 and | 46 | \$ |

| Only |
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| | Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION | N ₁ = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = | | | | |
|------------|---|---|---|--|--|--|
| 48 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2)) | | | | | |
| 49 | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2)) | | \$ | | | |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the | result. | \$ | | | |
| 51 | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result. | | | | | |
| | Initial presumption determination. Check the applicable box and proceed as directed. | | | | | |
| | The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not this statement, and complete the verification in Part VIII. Do not complete the remainded | | e top of page | | | |
| 52 | The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. | | | | | |
| . 18. | The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the 53 though 55). | remainder of I | Part VI (Line | | | |
| 53 | Enter the amount of your total non-priority unsecured debt | | \$ | | | |
| 54 | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and er result. | nter the | \$ | | | |
| | The amount on Line 51 is less than the amount on Line 54. Check the box for "The pre | | | | | |
| 55 | the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You VII. | box for "The p | resumption | | | |
| <i>5</i> 5 | the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You | box for "The p | resumption | | | |
| 55 | the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You VII. | box for "The pou may also co | oresumption mplete Part I for the heal | | | |
| | the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, the and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All | box for "The pou may also co | oresumption mplete Part I for the heal at monthly d reflect you | | | |
| | the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, the and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. | box for "The pour may also con may also con may also con may are required on your curren l figures should | oresumption mplete Part I for the heal at monthly d reflect you | | | |
| | the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, the and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. Expense Description | box for "The pour may also con may also con may also con mat are required or your current of figures should Monthly A | oresumption mplete Part I for the heal at monthly d reflect you | | | |
| | the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, the and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. Expense Description a. | box for "The pour may also contact are required om your current of figures should Monthly A. | oresumption mplete Part I for the heal at monthly d reflect you | | | |
| | the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, the and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. Expense Description a. b. | box for "The pour may also contact are required om your current figures should Monthly A." | oresumption mplete Part I for the heal at monthly d reflect you | | | |
| | the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, the and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. Expense Description a. b. c. | box for "The pour may also contact are required on your current of figures should Monthly A | oresumption mplete Part I for the heal at monthly d reflect you | | | |
| 55 | the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, the and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. Expense Description a. b. C. Total: Add Lines a, b and c | box for "The pour may also contact are required on your current figures should Monthly A | oresumption mplete Part If for the heal at monthly direflect you mount | | | |
| | the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, the and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. Expense Description a. b. C. Total: Add Lines a, b and c Part VIII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and complete the verification in Part VIII. VIII. | box for "The pour may also contact are required on your current figures should Monthly A | oresumption mplete Part I for the heal at monthly d reflect you mount | | | |

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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United States Bankruptcy Court Eastern District of California

| IN RE: | | Case No. | NAME OF THE OWNER OWNER OF THE OWNER OWNE |
|------------------------|-----------|-----------|--|
| Martindale, Jennifer S | | Chapter 7 | • |
| | Debtor(s) | 1 - | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NUMBER OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|---------------------|-------------|--------------|--|
| A - Real Property | Yes | 1 | \$ 0.00 | | |
| B - Personal Property | Yes | 3 | \$ 2,400.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | \$ 0.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | \$ 873.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 4 | | \$ 43,388.94 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | The second secon |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | \$ 3,848.21 |
| J - Current Expenditures of Individual Debtor(s) | Yes | , 2 | | | \$ 3,896.29 |
| | TOTAL | 18 | \$ 2,400.00 | \$ 44,261.94 | |

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United States Bankruptcy Court Eastern District of California

| IN RE: | Case No. | | |
|--|---|--|--|
| Martindale, Jennifer S | Chapter 7 | | |
| Debtor(s) | * | | |
| STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELA | TED DATA (28 U.S.C. § 159) | | |
| If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested be | | | |
| Check this box if you are an individual debtor whose debts are NOT primarily consume information here. | r debts. You are not required to report any | | |

This information is for statistical purposes only under 28 U.S.C. \S 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 873.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 873.00 |

State the following:

| | |
|---|----------------|
| Average Income (from Schedule I, Line 16) | \$ 3,848.21 |
| Average Expenses (from Schedule J, Line 18) | \$ 3,896.29 |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C | |
| Line 20) | \$ 0.00 |

State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 0.00 |
|--|-----------|--------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 873.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 0.00 |
| 4. Total from Schedule F | | \$ 43,388.94 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 43,388.94 |

| | or(s) |
|--|-------|
| | |
| | |

| \sim | 3 T |
|--------|-----|
| Case | No. |
| | |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTORS INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--------------------------------------|--|---------------------------------------|---|----------------------------|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TOTAL

0.00

(Report also on Summary of Schedules)

| | |
|-------------|--|
| htor(e) | |

| ase ino | • | |
|---------|---|--|
|---------|---|--|

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|--|---------------------------------------|--|
| 1. Cash on hand. | Х | | | |
| Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Checking Account Chase Bank Account NO. ****6823 | | 0.00 |
| Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| Household goods and furnishings, include audio, video, and computer equipment. | | Household goods and furnishings | | 1,200.00 |
| Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | | Clothing | | 200.00 |
| 7. Furs and jewelry. | | Jewelry | | 1,000.00 |
| Firearms and sports, photographic, and other hobby equipment. | X | | | |
| Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issue. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |

| \sim | 3 T | |
|--------|------|--|
| Case | NIA | |
| Canc | IVU. | |

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| other inst 16. Acc 17. Alin proy deb part 18. Oth incl part 19. Equ esta exer deb Sch 20. Com inte bender trus 21. Oth claim refiu and estin 22. Pate inte 23. Lice gene 24. Cus control information in the control in the con | overnment and corporate bonds and the negotiable and non-negotiable attruments. counts receivable. dimony, maintenance, support, and operty settlements in which the otor is or may be entitled. Give atticulars. The liquidated debts owed to debtor alluding tax refunds. Give atticulars. Unitable or future interest, life ates, and rights or powers arcisable for the benefit of the otor other than those listed in the dule A - Real Property. Intingent and noncontingent are sets in estate of a decedent, death the fit plan, life insurance policy, or st. The contingent and unliquidated ims of every nature, including tax | x x x | | |
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| 17. Alin prop deb part 18. Oth incl part 19. Equ esta exer deb Sch 20. Com inte ben-trus 21. Oth clair refu and estii 22. Pate inte 23. Lice gene 24. Cus confindiobta the fam | imony, maintenance, support, and operty settlements in which the otor is or may be entitled. Give riculars. ther liquidated debts owed to debtor deluding tax refunds. Give riculars. uitable or future interest, life ates, and rights or powers ercisable for the benefit of the otor other than those listed in hedule A - Real Property. Intingent and noncontingent erests in estate of a decedent, death nefit plan, life insurance policy, or st. ther contingent and unliquidated | x x | | |
| project deb part 18. Oth incles part 19. Equesta exere deb Sch 20. Con interest trus 21. Oth clain refu and estin 22. Pate interest 23. Lice generate 24. Cus control information obtat the efam | perty settlements in which the boor is or may be entitled. Give riculars. ther liquidated debts owed to debtor cluding tax refunds. Give riculars. uitable or future interest, life ates, and rights or powers ercisable for the benefit of the botor other than those listed in hedule A - Real Property. Intingent and noncontingent erests in estate of a decedent, death nefit plan, life insurance policy, or st. ther contingent and unliquidated | x | | |
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| esta exer deb' Sch 20. Com inte ben- trus 21. Oth clain refiu and estir 22. Pate inte 23. Lice gene 24. Cus cont info 101- indi obta the e fam | ates, and rights or powers ercisable for the benefit of the otor other than those listed in hedule A - Real Property. ntingent and noncontingent erests in estate of a decedent, death hefit plan, life insurance policy, or st. her contingent and unliquidated | | | |
| 21. Oth clain refu and estin 22. Pate inte 23. Lice gene 24. Cus cont info 101 indi obta the efam | erests in estate of a decedent, death nefit plan, life insurance policy, or st. her contingent and unliquidated | X | | |
| clain refu and estin 22. Pate inte 23. Lice gene 24. Cus cont info 101 indi obta the fam | her contingent and unliquidated | 1 1 | | |
| 23. Lice general control info 101 indi obta the fam | inns of every nature, including tax unds, counterclaims of the debtor, d rights to setoff claims. Give imated value of each. | X | | |
| 24. Cus cont info 101 indi obta the | tents, copyrights, and other ellectual property. Give particulars. | x | | |
| cont info 101 indi obta the o fam | enses, franchises, and other neral intangibles. Give particulars. | X | | |
| 25 Aut | stomer lists or other compilations nataining personally identifiable formation (as defined in 11 U.S.C. § 1(41A)) provided to the debtor by lividuals in connection with taining a product or service from the debtor primarily for personal, nily, or household purposes. | X | | |
| | tomobiles, trucks, trailers, and er vehicles and accessories. | x | | |
| | ats, motors, and accessories. | X | | |
| | craft and accessories. | X | | |
| | fice equipment, furnishings, and pplies. | X | | |
| | achinery, fixtures, equipment, and opplies used in business. | X | | |
| 30. Inve | entory. | X | | |
| 31. Ani | | X | | |
| part | ops - growing or harvested. Give | X | | |
| | ticulars. | X | | |
| 34. Farr | ticulars. ming equipment and implements. | Х | | |

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| | (If known) |

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOHNT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|--------------------------------------|---------------------------------------|--|
| 35. Other personal property of any kind | Х | | 3 ¹ 4 | |
| 35. Other personal property of any kind not already listed. Itemize. | | | | |
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(Include amounts from any continuation sheets attached.

Report total also on Summary of Schedules.)

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SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor elects the exemptions | to which | debtor is | entitled | under: |
|------------------------------|----------|-----------|----------|--------|
| (Check one box) | | | | |

Check if debtor claims a homestead exemption that exceeds \$146,450. *

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|---|--|--------------------------------|--|
| SCHEDULE B - PERSONAL PROPERTY Household goods and furnishings Clothing Jewelry | CCCP § 703.140(b)(3) CCCP § 703.140(b)(3) CCCP § 703.140(b)(4) | 1,200.00 200.00 1,000.00 | 1,200.00 200.00 1,000.00 |
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^{*} Amount subject to adjustment on 4/1/13 and every three years thereafte \$\mathbf{9}\) with respect to cases commenced on or after the date of adjustment.

Debtor(s)

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(If known)

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SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED. NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|--|
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| 0 continuation sheets attached | | | (Total of th | | | | \$ | \$ |
| | | | (Use only on la | nst n | Fota age | al e) | \$ | \$ |
| | | | (252 om) on a | | | | (Report also on | (If applicable, report |
| | | | | | | | Summary of Schedules.) | also on Statistical Summary of Certain Liabilities and Related |

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@ 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

1 continuation sheets attached

Debtor(s)

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| liste | teport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority don this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data. |
|-------|---|
| | Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TY | PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| | Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| | Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| | Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| | Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| | Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| | Deposits by individuals Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| V | Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| | Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| | Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|----------|---------------------------------------|--|--------------|--------------|-----------|-----------------------|--------------------------------------|--|
| ACCOUNT NO. 5007 | | | Income taxes | | | | WWW. | | |
| Internal Revenue Service PO Box 105416 Atlanta, GA 30348-5416 | | | | | | | 873.00 | 873.00 | |
| ACCOUNT NO. | | | | | | | | | |
| ACCOUNT NO. | | | | | | | | | |
| ACCOUNT NO. | | | | | | | | | |
| ACCOUNT NO. | | | | | | | | | |
| ACCOUNT NO. | | | | | | | | | |
| Sheet no. 1 of 1 continuation sheet Schedule of Creditors Holding Unsecured Priorit | ts att | ached | to (Totals of th | | oag | e) | \$ 873.00 | \$ 873.00 | \$ |
| (U | se o | nly on | last page of the completed Schedule E. If ap | nedu plic | Tot abl | al le, | \$ 873.00 | \$ 873.00 | |

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME. MAILING ADDRESS INCLUDING ZIP CODE. AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF. SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---------------------------------------|--|------------|--------------|---|-----------------------|
| ACCOUNT NO. 7630 | | | claim assignee for Dish Network | | П | П | |
| AFNI PO Box 3097 Bloomington, IL 61702-3097 | | | | | | | 90.00 |
| ACCOUNT NO. 2225 | | - | service debt/ Sprint | Н | П | П | 00.00 |
| Allied Interstate 3000 Corporate Exchange Drive Columbus, OH 43231 | | | | | | 110000000000000000000000000000000000000 | 740.00 |
| ACCOUNT NO. 148723 | + | | unsecured debt | | | \vdash | 718.00 |
| Bishop White & Marshall P.S. Beneficial Calfironia Inc. 1355 Willow Way Suite 254 Concord, CA 94520 | | | | | | | 8,313.00 |
| ACCOUNT NO. 5579 | 1 | | claim assignee for Feather River Hosp. | П | П | П | · |
| Butte County Credit Bureau 310 Flume Street Chico, CA 95928-5429 | | | | | | | 54.00 |
| | | <u> </u> | | L_ Sub | L tots | al | 54.00 |
| 3 continuation sheets attached | | | (Total of th | | | | s 9,175.00 |
| | | | (Use only on last page of the completed Schedule F. Repor | | Tota | | |
| | | | the Summary of Schedules and, if applicable, on the Signmary of Certain Liabilities and Relate | tatis | stica | al | \$ |

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Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | | _ (| Continuation Sheet) | | | | |
|--|--|---|---|---|--------------|---|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. 2749 | | | claim assignee for Pathology Sciences | T | \vdash | | |
| Butte County Credit Bureau 310 Flume Street Chico, CA 95928-5429 | | | 3, | | | *************************************** | 51.00 |
| ACCOUNT NO. 6992 | | | claim assignee for Paradise Medical Group | + | | | 31.00 |
| Butte County Credit Bureau 310 Flume Street Chico, CA 95928-5429 | | | craim assignee for Farautse medical Group | | | | 57.00 |
| ACCOUNT NO. 1738 | - | - | claim assignee for Dr. Michelle Borge | + | | _ | 57.00 |
| Butte County Credit Bureau 310 Flume Street Chico, CA 95928-5429 | | минентика и при при при при при при при при при п | oranii accigirco ici 211 illionolio 25 igo | A CANADA PARA PARA PARA PARA PARA PARA PARA P | | | 255.00 |
| ACCOUNT NO. 4164 | | | charge account | - | | | 255.00 |
| Citi Bank PO Box 6000 The Lakes, NV 89163-6000 | | | | | | | 4 550 00 |
| ACCOUNT NO. 1465 | <u> </u> | | debtor is co-signer on loan | + | | - | 4,559.00 |
| Citi Financial 300 St. Paul Place Baltimore, MD 21202 | - | | | | | | 47.045.00 |
| ACCOUNT NO. 8189 | _ | | unsecured debt | ╁ | _ | H | 17,215.00 |
| Citi Financial 300 St. Paul Place Baltimore, MD 21202 | | | | | | | unknown |
| ACCOUNT NO. 0588 | \vdash | \vdash | | \dagger | | | dikilowii |
| County Of Sacramento 10669 Coloma Road Sacramento, CA 95670 | | | | | | | |
| | L | | | Ļ | | Ļ | 56.00 |
| Sheet no1 of3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | | | e) | \$ 22,193.00 |
| | | | (Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relat | t als Statis | so o | n al | \$ |

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | | - (1 | Continuation Sneet) | | | | |
|--|----------|---------------------------------------|--|----------------------------|---------------------------|-------------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. 1134 | | | service debt | | _ | | |
| Dish Network Dept. 0063 Palatine, IL 60055-0063 | | | | | | | 629.00 |
| ACCOUNT NO. 9534 | - | | charge account | Н | | H | 629.00 |
| Household Bank/Benificial Financial PO Box 3425 Buffalo, NY 14240 | | | charge account | | | | 9 242 00 |
| ACCOUNTAGE F720 | - | | abarga account | | | + | 8,313.00 |
| ACCOUNT NO. 5729 HSBC PO Box 98706 Las Vegas, NV 89193 | | | charge account | | | | 764.00 |
| ACCOUNT NO. 7426 | | | charge account | | | \forall | |
| LVNV Funding LLC PO Box 10584 Greenville, SC 29603 | | | • | | | | |
| LOGOVINENIO SEZO | | | abaum and | | | _ | 431.00 |
| ACCOUNT NO. 6520 MACYS PO Box 6938 The Lakes, NV 88901 | | | charge account | | | | 400.00 |
| ACCOUNT NO. martindale | | | attorneys fees | | _ | \dashv | 439.00 |
| Martin McHugh PO Box 4153 Chico, CA 95927 | | | attorneys rees | | | | |
| 1 GGGVVVVV 7 7400 | | | -h | | _ | _ | 199.94 |
| ACCOUNT NO. 7426 Mervyns PO Box 981064 El Paso, TX 79998-1064 | | | charge account | | | | 153.00 |
| Sheet no. 2 of 3 continuation sheets attached to | | | | Subi | tota | 1 | 133.00 |
| Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Stummary of Certain Liabilities and Related | is pa T also atis | age ota o o tica |) 9 11 11 | 10,928.94 |

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---------------------------------------|--|-----------------------|--------------------|----------|-----------------------|
| ACCOUNT NO. 3935 | | | charge account | H | | Н | |
| Portfolio Recovery 120 Corporate Blvd. Norfolk, VA 23502 | | | | | | | 640.00 |
| ACCOUNT NO. 4769 | | | medical debt | H | | H | 040.00 |
| Sierra Receivables Management PO Box 494070 Redding, CA 96001 | | | | | | | 455.00 |
| ACCOUNT NO. 3534 | | | charge account | + | | | 155.00 |
| TARGET PO Box 59231 Minneapolis, MN 55459-0231 | | | | | | | 297.00 |
| ACCOUNT NO. | | | | | | | 237.00 |
| | | | | | | | |
| ACCOUNT NO. | | | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | | | | | | |
| Sheet no. 3 of 3 continuation sheets attached to | | L | | Subt | | | _ |
| Schedule of Creditors Holding Unsecured Nonpriority Claims | • | | (Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the S | T t also tatist | ota o o tica | al n | \$ 1,092.00 |
| | | | Summary of Certain Liabilities and Relate | d Da | ata. | .) [| \$ 43,388.94 |

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| R6C | (Official | Form | 6C) | (12/07) |
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| IN | RE | Martin | dale . | Jennifer | S |
|----|-------|------------|---------|----------|---|
| | 10.11 | TAICH FILL | uait. v | Jeiminer | • |

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| Case | No. | |
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SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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| B6H (| Official | Form | 6H) | (12/07) |

| TNI | \mathbf{DF} | Martindale. | lannifor | C |
|-----|---------------|---------------|----------|---|
| IIN | KŁ | iviartingale. | Jenniter | 3 |

| Debtor | s) |
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| ase No. | |
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| | (If known) |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|---|
| son Martindale | Household Bank/Benificial Financial PO Box 3425 Buffalo, NY 14240 |
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Debtor(s)

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current

| Debtor's Marital Status | DEPENDENT | S OF DEBTOR AND | SPOU: | SE | | |
|--|--|---|----------------|--------------------------------|--------------------|----------|
| Married | RELATIONSHIP(S): Daughter Daughter | | | | AGE(S): 15 6 | |
| EMPLOYMENT: | DEBTOR | | | SPOUSE | | |
| Occupation See Sc Name of Employer How long employed Address of Employer | hedule Attached | | | | | |
| Current monthly gross wa Estimated monthly overting SUBTOTAL | | , | \$ \$ \$ | DEBTOR 5,692.61 5,692.61 | \$ \$ | SPOUSE |
| 4. LESS PAYROLL DEDU a. Payroll taxes and Social b. Insurance c. Union dues d. Other (specify) See S | Security | | \$ \$ \$ | 167.33 2,027.07 | \$ \$ | |
| 5. SUBTOTAL OF PAYRO 6. TOTAL NET MONTHI | | *************************************** | \$ \$ | 2,194.40 3,498.21 | | |
| 8. Income from real property 9. Interest and dividends | ration of business or profession or farm (attach det y r support payments payable to the debtor for the de | , | \$ \$ \$ | | \$ \$ \$ | |
| that of dependents listed about 11. Social Security or other | government assistance | | \$ | 350.00 | \$ \$ | |
| 12. Pension or retirement inc 13. Other monthly income (Specify) | | | \$ | | \$ | |
| (-1,000) | | | \$ \$ | | \$ \$ \$ | |
| 14. SUBTOTAL OF LINE 15. AVERAGE MONTHL | S 7 THROUGH 13 Y INCOME (Add amounts shown on lines 6 and | 14) | \$ \$ | 350.00 3,848.21 | \$ \$ | |
| | GE MONTHLY INCOME: (Combine column tot peat total reported on line 15) | als from line 15; | | \$ | 3,848.2 | <u> </u> |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: None

| IN RE | Martindale. | Jennifer S |
|-------|-------------|------------|
|-------|-------------|------------|

Debtor(s)

Case No.

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Continuation Sheet - Page 1 of 1

EMPLOYMENT:

DEBTOR

SPOUSE

Occupation

Group Exercise Instuctor

Name of Employer

Fit One

How long employed Address of Employer 3 years

Paradise, CA

Occupation

Teacher

Name of Employer

Thermalito Union School District

How long employed

9 years

Address of Employer

400 Grand Ave.

Oroville, CA 95965

DEBTOR

Other Payroll Deductions:

STRS Retirement Medical Savings AMFID EE

CTA Dues Teachers Assoc.

EXT10/12

SPOUSE

417.62 813.37 94.80 78.30 9.00

613.98

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Debtor(s)

(If known)

Case No.

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly |
|---|
| quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allower |
| on Form22A or 22C. |

| Check this box if a j | joint petition is filed a | nd debtor's spous | e maintains a | a separate household | . Complete a sepa | arate schedule of |
|---------------------------|---------------------------|-------------------|---------------|----------------------|-------------------|-------------------|
| expenditures labeled "Spe | | | | | | |

| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ 1,500.00 |
|---|---|
| a. Are real estate taxes included? Yes No | |
| b. Is property insurance included? Yes No | |
| 2. Utilities: | |
| a. Electricity and heating fuel | \$ 250.00 |
| b. Water and sewer | \$ 60.00 |
| c. Telephone | \$ 50.00 |
| d. Other See Schedule Attached | \$ 205.00 |
| | \$ |
| 3. Home maintenance (repairs and upkeep) | \$ 100.00 |
| 4. Food | \$ 800.00 |
| 5. Clothing | \$ 150.00 |
| 6. Laundry and dry cleaning | \$ 100.00 |
| 7. Medical and dental expenses | \$ 100.00 |
| 8. Transportation (not including car payments) | \$ 350.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ 100.00 |
| 10. Charitable contributions | \$ |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | |
| a. Homeowner's or renter's | \$ |
| b. Life | \$ |
| c. Health | \$ |
| d. Auto | 66.29 |
| e. Other | \$ |
| | \$ |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | |
| (Specify) Payment To IRS For Past Due Taxes | \$ 50.00 |
| | \$ |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) | |
| a. Auto | \$ *************************************** |
| b. Other | \$ |
| | \$ |
| 14. Alimony, maintenance, and support paid to others | \$ |
| 15. Payments for support of additional dependents not living at your home | \$ |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ |
| 17. Other Pet Expenses | \$ 15.00 |
| | \$ |
| | \$ |

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: **None**

20. STATEMENT OF MONTHLY NET INCOME

| a. | Average | monthly | income | from | Line | 15 | of | Schedule I |
|----|---------|---------|--------|------|------|----|----|------------|
| _ | | | | _ | | | _ | |

applicable, on the Statistical Summary of Certain Liabilities and Related Data.

b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)

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SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Debtor(s)

Continuation Sheet - Page 1 of 1

Other Utilities Garbage
Cable Television
Mobile Phone

25.00

80.00

100.00

| De | htc | าฟ | ٠, |
|----|-----|----|----|

| CasaNia | |
|---------|--|
| Case No | |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| I declare under penalty of perjury t true and correct to the best of my k | | | , | | 20 sheets, and that they are |
|--|--|---|--|--------------------------------------|--|
| Date: April 21, 2010 | Signature | Jennifer S Martir | idale | | Debtor |
| Date: | Signature | | | | |
| | | | | [If joint | (Joint Debtor, if any) case, both spouses must sign.] |
| DECLARATION AND SIG | GNATURE OF NO | ON-ATTORNEY BA | NKRUPTCY PETITIO | ON PREPARER | (See 11 U.S.C. § 110) |
| I declare under penalty of perjury th compensation and have provided the d and 342 (b); and, (3) if rules or guide bankruptcy petition preparers, I have g any fee from the debtor, as required by | ebtor with a copy of lines have been priven the debtor no | of this document and comulgated pursuant t | the notices and inform to 11 U.S.C. § 110(h) | ation required un setting a maxim | nder 11 U.S.C. §§ 110(b), 110(h), um fee for services chargeable by |
| Printed or Typed Name and Title, if any, of | Bankruptcy Petition | Preparer | <u> </u> | Social Security 1 | No. (Required by 11 U.S.C. § 110.) |
| If the bankruptcy petition preparer is responsible person, or partner who sign | not an individual | - | e (if any), address, and | | |
| Address | | | | | |
| Signature of Bankruptcy Petition Preparer | | | | Date | |
| Names and Social Security numbers of is not an individual: | all other individue | ils who prepared or as | sisted in preparing this | document, unles | ss the bankruptcy petition preparer |
| If more than one person prepared this | document, attach | additional signed she | eets conforming to the | appropriate Off | icial Form for each person. |
| A bankruptcy petition preparer's failuing imprisonment or both. 11 U.S.C. § 11 | | | I and the Federal Rul | les of Bankruptcy | Procedure may result in fines or |
| DECLARATION UND | ER PENALTY | OF PERJURY ON | BEHALF OF CORI | PORATION O | R PARTNERSHIP |
| I, the | | (the presid | ent or other officer | or an authorize | d agent of the corporation or a |
| member or an authorized agent of (corporation or partnership) named schedules, consisting of knowledge, information, and belief | sheets (total she | of thes case, declare und own on summary p | er penalty of perjury age plus 1), and tha | y that I have reat they are true | ad the foregoing summary and and correct to the best of my |
| Date: | Signature | :: | | | |
| | | | | | |
| | | | | (Print or t | ype name of individual signing on behalf of debtor) |

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United States Bankruptcy Court Eastern District of California

| Eastern District of Calif | fornia |
|--|---|
| IN RE: | Case No. |
| Martindale, Jennifer S | Chapter 7 |
| Debtor(s) | |
| STATEMENT OF FINANCIA | L AFFAIRS |
| This statement is to be completed by every debtor. Spouses filing a joint petition may is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must fur is filed, unless the spouses are separated and a joint petition is not filed. An individual farmer, or self-employed professional, should provide the information requested on this spersonal affairs. To indicate payments, transfers and the like to minor children, state the or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the children is the children of the chi | rnish information for both spouses whether or not a joint petition debtor engaged in business as a sole proprietor, partner, family statement concerning all such activities as well as the individual's ne child's initials and the name and address of the child's parent |
| Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in 25. If the answer to an applicable question is "None," mark the box labeled "None use and attach a separate sheet properly identified with the case name, case number (if | e." If additional space is needed for the answer to any question, |
| DEFINITIONS | |
| "In business." A debtor is "in business" for the purpose of this form if the debtor is a component of the purpose of this form if the debtor is or has been, within six years immediately proportional and officer, director, managing executive, or owner of 5 percent or more of the voting or partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An inform if the debtor engages in a trade, business, or other activity, other than as an employed "Insider." The term "insider" includes but is not limited to: relatives of the debtor; gowhich the debtor is an officer, director, or person in control; officers, directors, and any a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates. | receding the filing of this bankruptcy case, any of the following: equity securities of a corporation; a partner, other than a limited dividual debtor also may be "in business" for the purpose of this ee, to supplement income from the debtor's primary employment. eneral partners of the debtor and their relatives; corporations of y owner of 5 percent or more of the voting or equity securities of |
| 1. Income from employment or operation of business | |
| None State the gross amount of income the debtor has received from employment, trincluding part-time activities either as an employee or in independent trade or by case was commenced. State also the gross amounts received during the two y maintains, or has maintained, financial records on the basis of a fiscal rather the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, under chapter 12 or chapter 13 must state income of both spouses whether or not joint petition is not filed.) | usiness, from the beginning of this calendar year to the date this years immediately preceding this calendar year. (A debtor that han a calendar year may report fiscal year income. Identify the state income for each spouse separately. (Married debtors filing |
| AMOUNT SOURCE 8,234.00 YTD Income from Thermalito School Dist | |
| 1,010.00 YTD Income from Fit One | |
| 44,838.00 2009 Income | |
| 47,679.00 2008 Income | |
| 2. Income other than from employment or operation of business | |
| None State the amount of income received by the debtor other than from employment, two years immediately preceding the commencement of this case. Give partic separately. (Married debtors filing under chapter 12 or chapter 13 must state inco the spouses are separated and a joint petition is not filed.) | culars. If a joint petition is filed, state income for each spouse |
| 3. Payments to creditors | |

Complete a. or b., as appropriate, and c.

None a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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| None | preceding the commencement o \$5,850.* If the debtor is an individual obligation or as part of an alterna | f the case unless the vidual, indicate with tive repayment sched or chapter 13 must in | aggregate value of an asterisk (*) any p ule under a plan by a clude payments and | all property that payments that we an approved nor other transfers | at constitutes or is affer ere made to a creditor approfit budgeting and con- | made within 90 days immediately exted by such transfer is less than on account of a domestic support credit counseling agency. (Married sees whether or not a joint petition | | |
|----------------------------|--|--|--|---|---|--|--|--|
| | st Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustm | | | | | | | |
| None | | ed debtors filing und | er chapter 12 or cha | pter 13 must in | clude payments by eith | e to or for the benefit of creditors her or both spouses whether or not | | |
| 4. Su | its and administrative proceeding | ıgs, executions, garı | nishments and atta | chments | | | | |
| None | | ors filing under chapt | er 12 or chapter 13: | must include in | formation concerning | iately preceding the filing of this either or both spouses whether or | | |
| AND Bene Kolk | FION OF SUIT CASE NUMBER eficial California v. Jennifer o-Martindale No. 148723 | NATURE OF PRO Breach of Contra | | COURT OR A AND LOCAT Butte Count 655 Oleande Chico, CA | TION ty Supeior Court | STATUS OR DISPOSITION | | |
| None | | (Married debtors fill | ing under chapter 12 | 2 or chapter 13 | must include informat | on one year immediately preceding tion concerning property of either not filed.) | | |
| BEN Bene C/O 1355 | E AND ADDRESS OF PERSON EFIT PROPERTY WAS SEIZED Eficial Calfornia Inc Bishop, White & Marshall P.S Willow Way Suiet 254 cord, CA 94520 |) | DATE OF SEIZU March 2010 | JRE | DESCRIPTION ANI OF PROPERTY \$1169.83 Garnisho | | | |
| 5. Re | possessions, foreclosures and re | turns | A DE STANDARDO A DE S | | | | | |
| None | the seller, within one year imme | ediately preceding th | e commencement of | f this case. (Ma | rried debtors filing un | n lieu of foreclosure or returned to der chapter 12 or chapter 13 must ss the spouses are separated and a | | |
| 6. As | signments and receiverships | | | | | | | |
| None | a. Describe any assignment of pr (Married debtors filing under cha unless the spouses are separated | apter 12 or chapter 13 | must include any as | within 120 days signment by eith | immediately precedin her or both spouses wh | g the commencement of this case. ether or not a joint petition is filed, | | |
| None | b. List all property which has be commencement of this case. (Ma spouses whether or not a joint p | rried debtors filing u | nder chapter 12 or cl | hapter 13 must i | nclude information co | e year immediately preceding the ncerning property of either or both d.) | | |
| 7. Gi | fts | | THE REPORT OF THE PERSON OF TH | | | | | |
| None | gifts to family members aggregat | ting less than \$200 in Iling under chapter 1 | value per individual 2 or chapter 13 mus | l family member t include gifts o | r and charitable contrib or contributions by eith | nis case except ordinary and usual putions aggregating less than \$100 ner or both spouses whether or not | | |

8. Losses

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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|---------------|--|--|---|--|--|
| 9. Pa | yments related to debt counseling or bankru | ptcy | | | |
| None | List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case. | | | | |
| Doug 20 In | E AND ADDRESS OF PAYEE glas B. Jacobs dependence Circle o, CA 95973 | DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR March 2010 | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 633.00 | | |
| 10. O | ther transfers | | | | |
| None | absolutely or as security within two years im | transferred in the ordinary course of the business of the mediately preceding the commencement of this comboth spouses whether or not a joint petition is file. | ase. (Married debtors filing under chapter 12 or | | |
| None | b. List all property transferred by the debtor wi device of which the debtor is a beneficiary. | thin ten years immediately preceding the commend | cement of this case to a self-settled trust or similar | | |
| 11. C | losed financial accounts | | | | |
| None | transferred within one year immediately pre certificates of deposit, or other instruments; s brokerage houses and other financial instituti | eld in the name of the debtor or for the benefit of the ceeding the commencement of this case. Include shares and share accounts held in banks, credit unitions. (Married debtors filing under chapter 12 or for both spouses whether or not a joint petition is for the comments of the comme | checking, savings, or other financial accounts, ions, pension funds, cooperatives, associations, chapter 13 must include information concerning | | |
| 12. S | afe deposit boxes | | | | |
| None | preceding the commencement of this case. (M | ory in which the debtor has or had securities, cash, larried debtors filing under chapter 12 or chapter 1 s filed, unless the spouses are separated and a join | 3 must include boxes or depositories of either or | | |
| 13. S | etoffs | | | | |
| None | | g a bank, against a debt or deposit of the debtor wit 2 or chapter 13 must include information concern tted and a joint petition is not filed.) | | | |
| 14. P | roperty held for another person | | | | |
| None | List all property owned by another person that | at the debtor holds or controls. | | | |
| 15. P | rior address of debtor | | | | |
| None | | diately preceding the commencement of this case, I sement of this case. If a joint petition is filed, repo | | | |
| 16. S | pouses and Former Spouses | | | | |
| None | Nevada, New Mexico, Puerto Rico, Texas, Wa | property state, commonwealth, or territory (includi ashington, or Wisconsin) within eight years imme of any former spouse who resides or resided with | diately preceding the commencement of the case, | | |

NAME Nelson Martindale

| 17 | . Enviror | mental | Inform | ation |
|----|-----------|--------|--------|-------|
| | | | | |

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: April 21, 2010

Signature of Debtor

Date: Signature of Joint Debtor (if any)

______0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

United States Bankruptcy Court Eastern District of California

| IN RE: | | | Case No. | |
|--|-----------------------------|----------------------------------|--|--|
| Martindale, Jennifer S | | Chapter 7 | | |
| | ebtor(s) | | • | |
| CHAPTER 7 IN | DIVIDUAL DEBTO | DR'S STATEMENT | OF INTENTION | |
| PART A – Debts secured by property of the estate. Attach additional pages if necessary | | e fully completed for E A | ACH debt which is secured by property of the | |
| Property No. 1 | | | | |
| Creditor's Name: | | Describe Property Securing Debt: | | |
| Property will be (check one): Surrendered Retained | | 1 | | |
| If retaining the property, I intend to (check Redeem the property Reaffirm the debt | | | | |
| Other. Explain | | (for exa | ample, avoid lien using 11 U.S.C. § 522(f)). | |
| Property is (check one): Claimed as exempt Not claimed | as exempt | | | |
| Property No. 2 (if necessary) | | | | |
| Creditor's Name: | | Describe Property Securing Debt: | | |
| Property will be (check one): Surrendered Retained | | I | | |
| If retaining the property, I intend to (check Redeem the property Reaffirm the debt Other. Explain | | (for ex | ample, avoid lien using 11 U.S.C. § 522(f)). | |
| Property is (check one): Claimed as exempt Not claimed | | | | |
| PART B – Personal property subject to unexadditional pages if necessary.) | xpired leases. (All three o | columns of Part B must t | be completed for each unexpired lease. Attach | |
| Property No. 1 | | | | |
| Lessor's Name: Describe Leased | | Property: | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): Yes No | |
| Property No. 2 (if necessary) | | | | |
| Lessor's Name: | Describe Leased | Property: | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ Yes ☐ No | |
| continuation sheets attached (if any) | | | | |
| I declare under penalty of perjury that t personal property subject to an unexpire | | intention as to any pr | coperty of my estate securing a debt and/or | |
| Date: April 21, 2010 | - m | | | |
| | Signature of Debtor | | | |
| | | | | |

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United States Bankruptcy Court Eastern District of California

| IN RE: | | No | | | | |
|------------------------------|--|--|---|--|--|--|
| Martindale, Jennifer S Chapt | | | ter <u>7</u> | | | |
| | Debtor(| | | | | |
| | | COMPENSATION OF ATTORNEY FOR | | | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 20 one year before the filing of the petition in bankruptcy, of or in connection with the bankruptcy case is as follow | 016(b), I certify that I am the attorney for the above-named debt or agreed to be paid to me, for services rendered or to be render s: | or(s) and that compensation paid to me within red on behalf of the debtor(s) in contemplation | | | |
| | For legal services, I have agreed to accept | | \$1,500.00 | | | |
| | Prior to the filing of this statement I have received | | \$ <u>633.00</u> | | | |
| | Balance Due | | \$ <u>867.00</u> | | | |
| 2. | The source of the compensation paid to me was: | Debtor Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | Debtor Other (specify): | | | | |
| 4. | 1 have not agreed to share the above-disclosed com | pensation with any other person unless they are members and as | ssociates of my law firm. | | | |
| | I have agreed to share the above-disclosed compentogether with a list of the names of the people share | ssation with a person or persons who are not members or associating in the compensation, is attached. | ates of my law firm. A copy of the agreement, | | | |
| 5. | In return for the above-disclosed fee, I have agreed to re | ender legal service for all aspects of the bankruptcy case, including | ng: | | | |
| 6. | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. Representation of the debtor in adversary precedings and other contested bankruptcy matters; e. [Other provisions as needed] 6. By agreement with the debtor(s), the above disclosed fee does not include the following services: | | | | | |
| | certify that the foregoing is a complete statement of any a proceeding. April 21, 2010 Date | CERTIFICATION Ingreement or arrangement for payment to me for representation of the payment of the payment to me for representation of the payment of the p | of the debtor(s) in this bankruptcy | | | |